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Committee of Tort Claimants*

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

In re:

PG&E CORPORATION

-and-

**PACIFIC GAS AND ELECTRIC
COMPANY,**

Debtors.

- ☐ Affects PG&E Corporation
☐ Affects Pacific Gas and Electric Company
☒ Affects both Debtors

**All papers shall be filed in the Lead Case,
No. 19-30088 (DM)*

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

**DECLARATION OF ROGER K.
PITMAN, M.D.**

1 I, Roger K. Pitman, M.D., declare and state as follows:

2 1. I am a psychiatrist with over 50 years of experience practicing medicine. I have
3 spent my career diagnosing, treating, and researching Post Traumatic Stress Disorder (“PTSD”)
4 and other stress- and trauma-related mental disorders. I am the Director of the PTSD Research
5 Laboratory at the Massachusetts General Hospital, which performs psychobiological research
6 into the assessment, pathophysiology, prevention, and treatment of PTSD. I am also a Professor
7 of Psychiatry at the Harvard Medical School, where I supervise medical students, psychiatric
8 residents, psychology trainees, and junior faculty. I am certified by the American Board of
9 Psychiatry and Neurology in the Specialty of Psychiatry and the Subspecialty of Forensic
10 Psychiatry. My qualifications and background are explained further in my prior declaration
11 submitted to the Court on August 7, 2019 (“August 7 Declaration”).

12 2. As summarized in the August 7 Declaration, I have reviewed accounts of the fires
13 and wildfires that destroyed areas of Northern California which are at issue in this matter,
14 specifically, the fire referred to as the “Camp Fire” in November 2018 and the fires referred to as
15 the “North Bay Fires” in 2017 (collectively referred to as the “Fires”). I have reviewed
16 coverage of the Fires from major newspapers and media outlets, I have reviewed narratives
17 describing events that occurred during the Fires, and I have also watched videos of claimants
18 escaping. I understand that many of these claimants physically encountered the Fires, had
19 seconds to flee impending flames, were stuck in traffic with family members (some of whom
20 were children or elderly) while they attempted to flee, and watched loved ones and others suffer
21 or die from the Fires.

22 3. Through these accounts and others, I understand that many claimants experienced
23 and/or witnessed a significant level of traumatic exposure, in which they either suffered or feared
24 suffering burns on their body and/or believed they or family members would die or suffer serious
25 physical injury as a result of the Fires. Specific examples of these accounts are summarized in
26 my August 7 Declaration.

27 4. Based on my understanding of the conditions to which many of the claimants
28 were exposed, it is my opinion, as explained in my August 7 Declaration, that a substantial

1 portion of the claimants already have developed, or will develop, PTSD. Claimants who do not
2 meet the full diagnostic criteria for PTSD, may have already developed, or will develop, (a)
3 “partial PTSD,” “subsyndromal PTSD,” or “subthreshold PTSD”; and/or (b) a DSM-5
4 Adjustment Disorder or other mental disorder, such as Major Depressive Disorder (“MOD”), or
5 Anxiety Disorder. Persons in any of these latter groups often suffer from clinically significant
6 distress and/or functional impairment and may also show some of the same physical
7 manifestations as PTSD, which are described in more detail in my August 7 Declaration.

8 5. Counsel for the Official Committee of Tort Claimants (“TCC”) have now asked
9 me to consider whether the occurrence of PTSD and/or other trauma- and stress-related mental
10 disorders among claimants could interfere with their ability to submit their proof of claim
11 (“POC”) by the current October 21, 2019 deadline.

12 6. I have reviewed a copy of the POC. It is my professional opinion that PTSD
13 and/or other trauma- and stress-related mental disorders, which cause clinically significant
14 distress and/or functional impairment, would interfere with many claimants’ ability to review,
15 complete, and submit the POC by the October 21 deadline. Extending this deadline would
16 provide additional time for claimants to become educated regarding the nature of the mental
17 disorders they may be suffering from. Extending the deadline would also allow more time for
18 claimants to seek professional diagnostic opinions and treatment. This would put them in a
19 position to complete their POCs more accurately.

20 7. PTSD is an underrecognized condition. Many victims of psychological trauma
21 who would qualify for this diagnosis do not step forward for recognition, diagnosis, and
22 treatment, for at least two reasons.

23 8. First, a feature of PTSD is “Avoidance of ... reminders ... that arouse distressing
24 memories, thoughts, or feelings about ... the traumatic event.”^{1,271} Because it is painful to
25 remember, many PTSD sufferers will go out of their way not to think about it. They may not
26 discuss it with others. They may switch the channel when they start to see or read news about it.
27 Because of this avoidance, many victims of the fires may not even have become aware of the
28

1 opportunity to file a claim. Alternately, the prospect of having to do so, and set down in writing
2 what happened to them, may be so anxiety-provoking that they can't get themselves do it alone.

3 9. Second, some victims do not make the connection between the emotional
4 problems they are experiencing and the traumatic event.² Some do not understand that their
5 problems constitute symptoms and signs of a mental disorder. Some believe that PTSD only
6 happens in combat veterans, so it can't apply to them. Some fear the humiliation and
7 stigmatization that may result from being labelled mentally ill. Some are simply in denial.

8 10. It is also officially recognized that "there may be a delay of months, or even
9 years, before the criteria for the [PTSD] diagnosis are met."^{1,p.276} This has led to the inclusion of
10 the subtype, "With delayed expression" in the DSM-5 PTSD criteria.^{1,p. 274}


11 11. In light of the above, it is not surprising that psychiatric epidemiologic surveys
12 have found that the majority of persons with PTSD in the community go untreated and
13 unidentified by any service or professional organization. Racial and ethnic minorities are less
14 likely to be identified than whites.³ Even among persons with PTSD in the past 12 months, only
15 about half seek help.⁴ These data underscore the need for outreach efforts.

16 12. The POC requires claimants to provide information about their experiences with
17 the Fires, including remembering their evacuation, describing the harms to themselves and their
18 family members, and itemizing the damages they are claiming for each of the types of harms
19 sustained by themselves and family members. The POC also requests that claimants gather and
20 provide documentation regarding their harms, damages, and claims. As explained above, the
21 avoidance reminder feature of PTSD could make many claimants avoid recounting their
22 experiences, as is necessary to complete the POC. Also, claimants who have not been diagnosed
23 or whose expression has not yet been manifested, such as victims of the Camp fire less than a
24 year ago, may not yet recognize their impairment.

25 13. In light of the above factors that militate against PTSD patients coming forward
26 for diagnosis and treatment, PTSD and other trauma- and stress-related mental disorders among
27 many claimants may be expected to interfere with their ability to complete the POC by the
28

1 October 21 deadline. Time beyond the deadline is necessary for further diagnosing and treating
2 these disorders and educating claimants.

3 I declare under the penalty of perjury under the laws of the United States that the
4 foregoing is true and correct and that this declaration was executed on the 17th day of October in
5 Charlestown Massachusetts.

6 
7 Roger K. Pitman, M.D.

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9 References

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